

Work Order ID 103714

103714

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July-22-13 2:39:04 PM

Item ID: D4002-041

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: AUX TANK DRAIN HOSE ASSY, FWD

Stop

NS2

Start Date: 6/25/13 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 6/26/13 Req'd Qty: 1.00 *1*

Customer: CU-DAR001

Reference: RMA RA111567

Run Start

NR1

Approvals: Process Plan: *[Signature]*

Date:

Tooling:

Date:

Stop

NR2

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D4002	D
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100 0.00

100

QC

Quality Control

Memo 0.00

INSPECT RA111567
1 X D4002-041 B95634

Replace ID Tag & Heatshrink
D 2182
B 26009

110

Identify as per dwg & Stock Location: 0.00

110

Packaging

Packaging

Memo 0.00

RETURN TO STK USING NEW B/N

AS
27
89

B7.26

120

QC21- Final Inspection - Work Order Release 0.00

120

QC

Quality Control

Memo 0.00

ST/9/3

7/3/13 (C)

MUJ 13-07-30

MUJ 13-07-29

Picklist Print

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Work Order ID: 103714 **Start Date:** 6/25/13 **Required Date:** 6/26/13
Parent Item: D4002-041 **Start Qty:** 1.00 **Required Qty:** 1.00
Parent Item Name: AUX TANK DRAIN HOSE ASSY, FWD
Comments: IPP rev A 10.01.21 new issue Prelim EC verified by:DD IPP rev B 10.11.03 added
MS29528-04 DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4002-041		Manufactured	No				Each	3.0000		1			

AUX TANK DRAIN HOSE ASSY, FWD

Location	Loc Qty	Loc Code
ST193	3	
100582	3	

RETURN AUTHORIZATION

4000 Steen Street
Vancouver, BC, Canada V6A 1K7

Date:	21-Jun-13
Customer Name:	Panterra Heli Support Ltd.
Customer Code:	PANT01
Telephone No:	905-563-1413
E-mail Address:	mike@panterra.ca
Contact Name:	Mike Tylee
Issued by:	Lisa McMachen

DART RA Number: RA111567 - PART 1
DHS RA Number: _____
DHS PO #: PO5648
DART Invoice #: INV111718
Customer Ref: 13-519201
PAR/CAR/NCR/SQ: N/A

Quantity	Part Number	Description	Batch Number
1	D4002-041	DRAIN HOSE ASS'Y - FRONT	95634
1	D4002-043	DRAIN HOSE ASS'Y - REAR	951035
2	MS20822-3D	UNION	122907
1	AN816-6D	STRAIGHT FITTING	121970
1	MS20822-8D	90 DEGREE FITTING	120693
2	D4009-041	BONDING BRAID	1985163

son for Return: PARTS ARE IN RECEIVING. MANUAL CREDIT
DED. PLEASE SEE PART 2 OF THIS RA. ALSO REFER TO RA111536

Credit Instructions:

Full credit
 None

urn Instructions:	Commerical Invoice	Yes <input type="checkbox"/>	Include on Commerical Invoice: <i>Part Number/Description / Value in USD</i>
	Documentation (STC/ARC/ICA)	Yes <input type="checkbox"/>	
	Packing Slip	Yes <input checked="" type="checkbox"/>	Parts are aircraft parts / return to Manufacturer

Shipping Instructions: Prepaid _____ Collect _____ Courier _____
Account # _____

RECEIVING RETURN AUTHORIZATIONS

Inspector: <u>DAS</u>	Photograph Attached	Condition:					
15 13166124	Yes <input checked="" type="radio"/> No <input type="radio"/>	Sealed	Complete	Short H/W	Short Kit	No P/W	Damaged

Comments:

Special Return/Rework Instructions

PARTS ARE IN RECEIVING

1. What is the name of the author?

11. *What is the primary purpose of the following statement?*

Issue Credit: Yes No **ENINV12465** **Invoice Amount: MANUAL**

Restocking Fee: Copies of PA 1111s

GM Approval: _____ Date: _____ Freight: ~~200~~ ~~RAIL~~ 1807

Net Credit: 1,200.00

Close Date: Not Searched

Close Date:

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

Work Order: _____	DISPOSITION	AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY									
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	<input type="checkbox"/> Other				

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				

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Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General			
Bending	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>
Centre Not Concentric	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>
Cracks	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>
Crimp/Kink/Ripple/Wave	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Weld <input type="checkbox"/>
Cuffs	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>
Crushing	Countersink <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	
Heat Treat	Cut Too Short <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	
Inspection Strip in Tube	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>		
Marks/Chatter	Drill Holes <input type="checkbox"/>	Off-set <input type="checkbox"/>		
Turning Sequence	Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>		
Wave/Twist in Tube	Fit/Function <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>		